

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013399

STATE FILE NUMBER

1747

FILED APR 27 1959

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1747

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Hospital</u>				Length of stay in lb <u>5 y.</u>		d. STREET ADDRESS (If outside, give location) <u>708 E 8th</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SALLY</u> Middle <u>LEGATE</u> Last <u>LEGATE</u>				4. DATE OF DEATH Month <u>4</u> Day <u>2</u> Year <u>59</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept. 7 - 1900</u>	
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Lexington, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>John Jennings</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah McGinnis</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Legate - (deceased)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Tom Legate</u> Address <u>Lexington Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic lung disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month _____ Day _____ Year _____				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____			
21. I attended the deceased from <u>4-1-59</u> to <u>4-2-59</u> and last saw her alive on <u>4-2-59</u> Death occurred at <u>9:40 AM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Abraham Gelperin</u> (Degree or title)				22b. ADDRESS <u>Gen. Hospital, Mo.</u>			
22c. DATE SIGNED <u>4-2-59</u>				23a. MORTAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>			
23b. DATE <u>4-5-59</u>				23c. NAME OF CEMETERY OR CREMATORY <u>MACHPELAH CEM.</u>			
23d. LOCATION (city, town, or county) <u>Lexington Mo</u>				23e. (State)			
24. FUNERAL DIRECTOR <u>C Runk-Walker</u> ADDRESS <u>Lexington, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>4-6-59</u>			
26. REGISTRAR'S SIGNATURE <u>Meva Marshall</u>							

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Abraham Gelperin

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 45-88

P. O. Address Lexington, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.